

# **Bayou Health Operational Guide**

## **Member Advisory Council Reporting**

Bayou Health Plans must:

Establish a Member Advisory Council to promote collaborative effort to enhance the service delivery system in local communities while maintaining member focus and allow participation in providing input on policy and programs. *(See RFP 14.7 and 14.7.1)*

The Council is to be chaired by the MCO's Administrator/CEO/COO or designee and will meet at least quarterly. *(See RFP 14.7.2)*

Every effort shall be made to include statewide broad representation of both members/families/significant others, member advocacy groups and providers that reflect the population and community served. At least one family member/caregiver of a child with special health care needs shall have representation on the committee. Members/families/significant others and member advocacy groups shall make up at least fifty percent (50%) of the membership. *(See RFP 14.7.3)*

The MCO shall provide an orientation and ongoing training for Council members so they have sufficient information and understanding to fulfill their responsibilities. *(See RFP 14.7.4)*

The MCO shall develop and implement a Member Advisory Council Plan that outlines the schedule of meetings and the draft goals for the council that includes, but is not limited to, member's perspectives to improve quality of care. This plan shall be submitted to DHH within thirty (30) days of signing the Contract and annually thereafter, which will be stored on a DHH Sharepoint site. *(See RFP 14.7.5)*

DHH shall be included in all correspondence to the Council, including agenda and Council minutes. Additionally, all agenda and Council minutes shall be posted to the MCO website in English and Spanish, with any member-identifying information redacted. *(See RFP 14.7.6)*

## **Member Advisory Council Reporting**

The quarterly Member Advisory Council Report shall be submitted to DHH by the end of each quarter period (Report Quarter), these due dates are as follows: April 30, July 30, October 30, and January 30. The complete submission consists of Member Advisory Council Report 141.

### **Fields to Be Displayed on Printed Reports**

- **Health Plan ID, Health Plan Name, Health Plan Contact**

Provide the complete name, title, address, telephone number and email address of the individual designated by the Health Plan.

- **Reporting Quarter**

List quarter month and year

- **Agenda Topics**

Current Topics

Future Topics (if applicable)

Goals

- **Committee Structure**

- **Recommendations**

This will include previous recommendations submitted by the MAC and a summary of actions taken on those recommendations.

The recommendations should be kept on the reporting document for the reporting year since these meetings are held quarterly.

- **Written Feedback**

As applicable, DHH will input any additional topics to be added for discussion and return to the Health Plan Contact within fifteen (15) days of receipt of Report 141. These topics will range from current policy updates to any trends found amongst other MAC's.